

**MICHIGAN DEPARTMENT OF EDUCATION**

608 W. Allegan P.O. Box 30008  
Lansing, Michigan 48909

**GRANT AWARD NOTIFICATION**

|           |  |          |   |  |
|-----------|--|----------|---|--|
| <b>1</b>  | <b>Recipient Entity Name and Address:</b><br><br><b>District/Recipient Code:</b>   | <b>5</b> | <b>Recipient Business Contact:</b><br><b>Name:</b><br><b>Position:</b><br><b>Telephone:</b><br><b>Email:</b>  |  |
| <b>2</b>  | <b>Award Information</b><br><b>Grant Title:</b><br><b>Fiscal Year:</b> -<br><b>Funding Source (check one):</b><br><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other: _____<br><b>Subaward Type (select):</b><br>Competitive<br><b>Grant Number – Project Number:</b><br>-<br><b>Grant Code:</b> | <b>6</b> | <b>Authorized Funds:</b><br><br><b>Date:</b> <b>Amount:</b><br><br>Original Approved Amount:<br><br>Amendments:<br><br><b>Current Authorized Amount: \$0</b>  |  |
| <b>3</b>  | <b>Report Due Dates:</b><br><b>Final Expenditure Report:</b><br><b>Final Performance Report:</b>   | <b>7</b> | <b>Expenditure Period:</b><br><b>Beginning date:</b><br><b>Ending date:</b>   |  |
| <b>4</b>  | <b>MDE Program Staff Contact:</b><br><b>Name:</b><br><b>MDE Office:</b><br><b>Telephone:</b><br><b>Email:</b>  | <b>8</b> | <b>Method of Obtaining Payment:</b><br><br>Request online at: <a href="https://mdoe.state.mi.us/cms/">https://mdoe.state.mi.us/cms/</a><br><b>Payment Contact:</b><br><br>CMS Help Line: (517) 335-0534 |  |
| <b>9</b>  | <b>Legislative Authority Pertaining to Award:</b>  |          |   |  |
| <b>10</b> | <b>Authorizing Official: Mike Flanagan, State Superintendent</b><br><br><b>Date:</b> _____   |          |   |  |

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|    | The following information pertains to federal subawards for MDE subrecipients.   |  |
| 11 | <b>RECIPIENT INFORMATION:</b><br><b>DUNS Number:</b><br><b>DUNS Name:</b><br><b>Indirect Cost Rate:</b> %  |  |
| 12 | <b>FEDERAL AWARD INFORMATION</b><br><br><b>Federal Awarding Agency:</b><br><b>Pass-through entity:</b> Michigan Department of Education (MDE)<br><b>Identification Number (FAIN):</b><br><b>Total Amount of Federal Award to MDE: \$</b><br><b>Federal Award Signature Date:</b><br><b>Description:</b>  |  |
| 13 | <b>CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)</b><br><br><b>CFDA Number:</b><br><b>CFDA Title:</b><br><b>CFDA Website:</b> Go to <a href="http://www.cfda.gov">www.cfda.gov</a> , enter the above number in "Keyword or Program Number" and press "Search."<br>Open the file with the correct CFDA number.  |  |
| 14 | <b>ADDITIONAL REGULATIONS PERTAINING TO AWARD:</b><br><br>2 CFR 200 as applicable: 2 CFR 200 as applicable: Go to <a href="http://www.ecfr.gov">www.ecfr.gov</a> , select Title 2 – Grants and Agreements from the dropdown list, press "Go" then select 200-299 for OFFICE OF MANAGEMENT AND BUDGET GUIDANCE and select 200 for UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS   |  |
| 15 | <b>ADDITIONAL REQUIREMENTS:</b><br><br>A fiscal agency that expends \$750,000 or more of federal funds during its fiscal year is required to have a Single Audit performed for that year.<br><br>The grant recipient must permit MDE and auditors to have access to its records and financial statements as necessary to meet audit requirements.<br><br><b>SPECIFIC AWARD CONDITIONS:</b><br><br><b>CLOSEOUT TERMS AND CONDITIONS:</b><br><br>The grant recipient is required to submit project and financial reports by the deadlines indicated in box 3 of this Grant Award Notification. |  |
| 16 | <b>NOTICES:</b><br>Research & Development Grant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |